## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
ANGEVINE - 1

. As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

e specification	of which (check only one item below):	
[X]	is attached hereto.	
[ ]	was filed as United States application	
	Serial No.	
	on	
	and was amended	
	on	(if applicable).
[]	was filed as PCT international application	
	Number	
	on	
	and was amended under PCT Article 19	
	on	(if applicable)

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: COUNTRY APPLICATION NUMBER DATE OF FILING PRIORITY CLAIMED UNDER 35 USC 119 (if PCT, indicate "PCT") (day, month, year) [ ] YES []NO [ ] YES []NO YES []NO [ ] YES []NO

[ ] YES

[]NO

(Includes Reference to PCT International Applications)  ANGEVINE - 1											
I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below.											
60/394,628 July 9, 2002 (Application Number) (Filing Date)											
Ame by th	eby claim the benefit un- rica that is/are listed belo te first paragraph of Title	der Title 35, United States C ow and, insofar as the subject to 35, United States Code, §1 ween the filing date of the pr	matter of each of the claim 12, I acknowledge the d	States appli ns of this app uty to disclo	cation(s) or PCT inter dication is not disclose use material informati	in that/those prior on as defined in Ti	application(s tle 37, Code	s) in the manner provided			
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:											
		U.S. APPLICATIONS				STATUS (Check One)					
U.S. APPLICATION NUMBER U.		S. FELING DATE		PATENTED	PENDING ABANDONED		ABANDONED				
-						<del>-  </del>					
PCT APPLICATIONS DESIGNATING 1			HE U.S.								
PCT APPLICATION NO.		PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if arry)								
			_								
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration numbers):  KURT KELMAN, Registration No. 18,628  EDWARD R. FREEDMAN, Registration No. 26,048;  EDWARD R. FREEDMAN, Registration No. 26,048;  CHRISTOPHER B. GARVEY, Registration No. 31,015  ELIZABETH COLLARD RICHTER, Registration No. 35,103  WILLIAM C. COLLARD, Registration No. 38,411  ROBERT W. GRIFFITH, Registration No. 48,956											
Send	1	COLLARD & ROE, I 077 Northern Boulevan Roslyn, New York 1157	rd	Customer No. 25889			Direct Telephone Calls to: (name and telephone number) (516) 365-9802				
2	FULL NAME OF INVENTOR	FAMILY NAME ANGEVINE	frst given name Elizabeth			SECOND GIVEN NAME					
0	RESIDENCE & CITIZENSHIP	Glen Cove		STATE OR FOREIGN COUNTRY  New York			COUNTRY OF CITIZENSHIP USA				
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS 24 Landing Road		Glen Cove			STATE & ZIP CODE/COUNTRY NY 11542 USA				
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME			SECOND GIVEN NAME				
0	RESIDENCE & CTTZENSHIP	спу		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP					
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS		спу			STATE & ZIP CODE/COUNTRY				
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME					
0	RESIDENCE & CITIZENSHIP	спу		STATE OR FOREIGN COUNTRY			COUNTRY OF CITIZENSHIP				
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	спу			STATE & ZIP CODE/COUNTRY					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.											
SIGNATURE OF INVENTOR 201 AND COLO			SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203						
DATE	7/2/03	0	DATE			DATE					